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CONFIRMATION NO. 3667

|   |   |                               |   |                                       |
|---|---|-------------------------------|---|---------------------------------------|
| <b>SERIAL NUMBER</b><br>10/786,874  | <b>FILING OR 371(c) DATE</b><br>02/24/2004<br><b>RULE</b>   | <b>CLASS</b><br>370           | <b>GROUP ART UNIT</b><br>2619   | <b>ATTORNEY DOCKET NO.</b><br>013-UTL |
| <b>APPLICANTS</b><br>Haw-Minn Lu, San Diego, CA;  |   |                               |   |                                       |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/450,133 02/25/2003<br>and is a CIP of 09/897,263 07/02/2001 PAT 6,901,071<br>and is a CIP of 10/074,174 02/10/2002 PAT 7,123,612<br>and is a CIP of 10/075,086 02/10/2002 PAT 7,075,942  |   |                               |   |                                       |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |                                       |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 05/17/2004   |   |                               |   |                                       |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>191  | <b>TOTAL CLAIMS</b><br>18             |
| <b>INDEPENDENT CLAIMS</b><br>3  |   |                               |   |                                       |
| <b>ADDRESS</b><br>36215   |   |                               |   |                                       |
| <b>TITLE</b><br>SYSTEMS AND METHODS FOR UPGRADEABLE SCALABLE SWITCHING  |   |                               |   |                                       |
| <b>FILING FEE RECEIVED</b><br>410   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |